

<b>Case Number:</b>	CM14-0053871		
<b>Date Assigned:</b>	07/07/2014	<b>Date of Injury:</b>	08/27/2011
<b>Decision Date:</b>	09/16/2014	<b>UR Denial Date:</b>	04/16/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/23/2014

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Orthopedic Surgery and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The claimant is a 46-year-old female who sustained an injury to her right shoulder and right wrist on 08/27/11. The records provided for review include the report of an orthopedic follow up visit on 04/02/14 noting continued complaints of pain in the right shoulder despite conservative care including a TENS device, medication management and one corticosteroid injection. The report documented that the claimant had been off work for this injury since April, 2012. Physical examination of the shoulder revealed tenderness anteriorly, positive impingement testing, and no pain in the biceps tendon. The diagnosis was listed as right shoulder impingement syndrome. In light of failed conservative care, the recommendation was made for an arthroscopy and subacromial decompression. The treating physician documented that a prior MRI scan revealed tendinosis; the formal MRI report was not provided for review.

### IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

**Right shoulder decompression with general anesthesia:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 211.

**Decision rationale:** Based on California ACOEM Guidelines, the request for right shoulder decompression with general anesthesia is not medically necessary. ACOEM Guidelines recommend that conservative care, including cortisone injections, be carried out for at least three to six months before considering surgery. The medical records provided for review do not include the MRI report of the right shoulder to confirm or refute a diagnosis of impingement. The medical records also do not identify that the claimant has received three to six months of recent conservative care focused at the claimant's right shoulder for which she has been off work dating back to April, 2012. Without confirmation that the claimant has had recent conservative treatment including injection therapy for three to six months, and the lack of the formal MRI report, the proposed surgery is not medically necessary.

**Preop clearance including History and physical:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004); Chapter 7 Independent Medical Examinations and Consultations, page 127.

**Decision rationale:** The request for right shoulder decompression with general anesthesia is not medically necessary. Therefore, the request for preoperative clearance is not medically necessary.

**Complete Blood count, comprehensive metabolic panel, electrocardiogram and chest xray:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004); Chapter 7 Independent Medical Examinations and Consultations, page 127.

**Decision rationale:** The request for right shoulder decompression with general anesthesia is not medically necessary. Therefore, the request for Pre Operative testing is not medically necessary.

**Polar care is for rental for 21 days:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints  
Page(s): 201-205, 555-556.

**Decision rationale:** The request for right shoulder decompression with general anesthesia is not medically necessary. Therefore, the request for Polar care rental for 21 days is not medically necessary.